in-hospital events were major adverse cardiac events 1.7% (N=128/7740), death 0.3%, clinically driven target-lesion revascularization 0.1% (N=11/7740). Definite and probable stent thrombosis rate according to ARC criteria occurred in 0.1% (N=15/7740).
Conclusions: This largest real-world experience with the new Resolute Integrity stent platform demonstrated a low in-hospital event rate including a low rate of stent thrombosis. Delivery success was high with the Resolute Integrity stent as the first choice of stent as well as after delivery failure of another stent type.

CRT-9

Long-Term Clinical Outcomes with Use of Intravascular Ultrasound for the Treatment of Coronary Ostial Lesions

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Background: A higher rate of adverse cardiac events is associated with percutaneous coronary intervention (PCI) of ostial lesions compared with non-ostial disease. Adjunctive imaging using intravascular ultrasound (IVUS) during PCI may improve outcomes in patients with ostial disease. We evaluated the long-term outcomes of patients with ostial lesions who underwent PCI with and without the use of IVUS.
Methods: From 7/2002 to 8/2010, we retrospectively identified 225 patients with 233 de novo coronary ostial lesions that underwent PCI with (n = 82) and without (n = 143) IVUS guidance. Ostial lesions included native aorto-ostial (left or right main coronary arteries) or major coronary vessel (left anterior descending, left circumflex, and ramus intermedius arteries) occurring within 3 mm of the coronary ostium. Clinical outcomes [cardiovascular death, all-cause mortality, myocardial infarction (MI), periprocedural MI, target vessel revascularization (TVR), or target lesion revascularization (TLR)] were compared between patients with and without the use of IVUS using univariate and propensity score adjusted analyses.
Results: The majority of patients presented with acute coronary syndrome (80%) and were followed for a mean of 4.2 ± 2.5 years. The predominant ostial vessel location in both groups was the right coronary artery (37%) followed by the left anterior descending coronary artery (31%). Aorto-ostial lesions (n = 109) comprised 47% of lesions (IVUS: n = 38; no IVUS n = 71), whereas the remaining lesions (53%) involved major coronary vessels (IVUS: n = 46; no IVUS: n = 78). After propensity score adjustment, IVUS use was associated with lower rates of the composite of cardiovascular death, MI, or TLR (HR 0.54, 95% CI 0.29-0.99; p = 0.04), composite MI or TLR (HR 0.39, 95% CI 0.18-0.83; p = 0.01) and MI (HR 0.31, 95% CI 0.11-0.85; p = 0.02) compared with no IVUS. The use of IVUS was also associated with a trend towards a lower rate of TLR (HR 0.42, 95% CI 0.17-1.02; p = 0.06). Stent under expansion was observed in 40% of patients who underwent post-stenting IVUS.
Conclusions: The use of IVUS during PCI of coronary ostial lesions is associated with significantly lower rates of adverse cardiac events.

CRT-10

The Outcome of Patients Undergoing Surgical Mitral Valve Surgery as a Potential Comparator for patients undergoing Percutaneous Mitral Valve Repair

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Background: Percutaneous mitral valve repair (PMVR) was introduced as an alternative to the standard mitral valve surgery (MVS) for severe mitral regurgitation (MR). However, the ideal patient population to benefit from this procedure is still controversial. This study aimed to identify a potential comparator reference for future percutaneous mitral repair procedures based on patients undergoing mitral valve surgery stratified by risk groups.
Methods: 422 patients undergoing isolated MVS were divided into 3 risk strata as defined by the Society of Thoracic Surgeons (STS) score as follows: STS <3 (Low; n=350), STS 3 to <6(Intermediate; n=36) and STS ≥6 (High; n=36). The in-hospital and 30-day clinical outcomes were compared.
Results: The average age trended higher as the STS increased (p <0.05). The incidence of female sex, diabetes mellitus, hypertension and peripheral artery disease trended higher with an increase in the STS score. (Table) The 30-day mortality and stroke rates in the low-, intermediate- and high-risk groups were (0.9%, 11.1% and 13.4%; p <0.001 and 0.9%, 8.3% and 5.6%; p <0.05, respectively).
Conclusions: In a tertiary center, isolated MVS are generally performed in patients with low STS scores. Patients with a STS score >6 are at high risk for mortality and should be subjected to a PMVR. The STS score should be used as a comparator tool to evaluate the performance of PMVR for patients with severe MR.

Baseline Characteristics

Variable	STS<3 (n=350)	3≤STS<6 (n=36)	STS≥6 (n=36)	P value
Age (years±SD)	54.7±12.2	66.3±16.3	70.9±10.5	<0.05
Average STS score±SD	0.8±0.7	4±0.8	11.9±6.7	<0.05
Female	180 (51.4%)	28 (77.8%)	32 (88.9%)	0.05
Diabetes Mellitus	140 (40.0%)	23 (63.9%)	26 (72.0%)	<0.05
Hypertension	26 (7.4%)	12 (33.3%)	12 (33.3%)	<0.05
%Mitral Valve Replacement	69 (19.7%)	21 (58.3%)	24 (66.7%)	<0.05

Outcome at 30 days

Variable	Observed	Predicted by STS score	Observed	Predicted by STS score	Observed	Predicted by STS score	p
All-cause-mortality	3 (0.9%)	0.8%	4 (11.1%)	4%	5 (13.4%)	11.6%	<0.05
Stroke rate	3 (0.9%)	1±0.5%	3 (8.3%)	4.1%	2 (5.6%)	3.3%	<0.05
Renal-failure	1 (0.3%)	2.1%	3 (8.3%)	10%	7 (19.4%)	17.3%	<0.05
Length of stay (days)	6.4±7.1	4.7±3.5	15.5±11.4	17±5.8	20.1±23.4	32.8±14.5	<0.001
Post Operative Atrial-fibrillation	95 (27.1%)		19 (52.8%)		9 (25%)		0.005
Total Packed RBC transfused (ml.±SD)	392.3± 963.6		1221.4± 1239.3		1596.2± 1642		<0.001

CORONARY

Acute Coronary Syndrome

CRT-11

The Use Of Intra Aortic Balloon Pump In A Real World Setting: A Comparison Between The Survivors And Non Survivors From Acute Coronary Syndrome Patients Treated With IABP. The Jakarta Acute Coronary Syndrome Registry

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Background: Real world data of acute coronary syndrome (ACS) patients who received intraaortic balloon pump (IABP) remains limited. Therefore, we evaluate the characteristics of ACS patients who received IABP support from a real world ACS registry.